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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/797,448
	Filing Date	March 10, 2004
	First Named Inventor	Joseph Bliss
	Art Unit	3724
	Examiner Name	Carolyn T. Blake
Total Number of Pages in This Submission	Attorney Docket Number	SUP-00001

ENCLOSURES (Check all that apply)		
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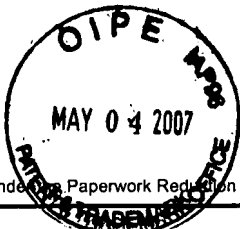
Applicant believes no fee to be due for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & Ozga, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Warn, Hoffmann, Miller & Ozga, P.C.		
Signature			
Printed name	Philip R. Warn		
Date	May 1, 2007	Reg. No.	32775

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Philip R. Warn - Reg. No. 32775	Date
		May 1, 2007

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PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/797,448
Filing Date	March 10, 2004
First Named Inventor	Joseph Bliss
Art Unit	3724
Examiner Name	Charles Goodman
Attorney Docket Number	SUP-00001

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **30853**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Failure to pay.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Superior Cam, Inc.			
Address	31240 Stephenson Highway			
City	Madison Heights	State	Michigan	Zip 48071
Country	U.S.			
Telephone	248-588-1100		Email	
Signature				
Name	Philip R. Warn		Registration No.	32775
Date	May 1, 2007		Telephone No.	248-364-4300

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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